

LOUIS EARLE LASCH
ATTORNEY-AT-LAW
1409 MARKET ST. NAT. BANK BLDG.
PHILADELPHIA, PA.

I, the undersigned, do hereby authorize the

_____HOSPITAL
to give to LOUIS EARLE LASCH, my attorney, a report of the injuries
sustained by _____
on _____193_____

_____[Seal]

_____[Seal]

Address_____

Loan 2500 00

Cash 250

3 00